

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/4036030	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21	/						71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
27	/						77			
28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	10	1					TOTAL IND.			
TOTAL DEP.	34	1					TOTAL DEP.			
TOTAL CLAIMS	40						TOTAL CLAIMS			